

FSA SOLUTION LIFE CYCLE (SLC)



Formal Signoff Document

Phase Name:	<u>Deployment</u>	
Deliverable Name:	Quality Assurance (QA) Reviews Conducted in the QA Plan	
Responsible:	(Project Manager Name)	
	(Project Manager Signature)	(Date)
	(QA Lead Name)	
	(OA Lead Signature)	(Date)